Docket No.: 4436-0136PUS1

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Johan HELLGREN et al.

Application No.: 10/593,586 Confirmation No.: 1514

Filed: September 21, 2006 Art Unit: 2615

For: HEARING AID WITH ANTI FEEDBACK Examiner: Not Yet Assigned

SYSTEM

SUBMISSION OF SUPPLEMENTAL DECLARATION AND POWER OF ATTORNEY

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in connection with the above-identified U.S. patent application is a supplemental Declaration and Power of Attorney.

Dated: May 16, 2007

Respectifully submitte

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number NEW Filing Date September 21, 2006 POWER OF ATTORNEY First Named Inventor Johan HELLGREN and HEARING AID WITH ANTI FEEDBACK **CORRESPONDENCE ADDRESS** Title SYSTEM INDICATION FORM **Art Unit** N/A **Examiner Name** Not Yet Assigned Attorney Docket No. 4436-0136PUS1 I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint: Practitioners associated with the Customer Number: 02292 OR Practitioner(s) named below: Registration Registration Name Number Name as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith, Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address City Zip State Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Date 16/11-2006 Name Christian Hauge Telephone +45 39138817 Title and Company Patent Manager, Oticon A/S NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. 'Total of forms are submitted. I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mall, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signature:

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